

# MINNEAPOLIS PUBLIC SCHOOLS

## INDEPENDENT CONTRACTOR REQUEST FOR PAYMENT

\*New vendors must complete all forms.

- W-9
- Vendor Registration
- Vendor Information/Payment Form

New Address

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL/BUILDING LOCATION \_\_\_\_\_

\*\*\*AN ENTRY MUST BE IN ALL COLUMNS\*\*\*

DATE	HOURS WORKED	DESCRIPTION: Task - Location (e.g. Tutoring - Roosevelt H.S.)	
	<b>TOTAL HOURS</b>	<b>RATE OF PAY</b>	<b>AMOUNT TO BE PAID</b>
	0		

CONTRACTOR (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Authorized MPS Approver (Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized MPS Approver (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

1099	FOR OFFICE USE ONLY
BUDGET _____	
P.O./G-REQ # _____	
VENDOR # _____	